



EMDRAA Consultation Contract

The purpose of this agreement is to establish a clear understanding of your professional need and expectations for our consultation.

For what purpose are you seeking consultation at this time?

To achieve EMDRAA Practitioner Accreditation

To achieve EMDRAA Consultant Accreditation

Note: The focus of consultation is on standard EMDR procedures as described in Francine Shapiro's latest text and Andrew Leed's latest text for Accreditation. Consultants in Training will explore protocols recognised by the EMDR community as effective interventions. Screening procedures for dissociative and personality disorders may also be addressed. However, specific casework with long-term dissociative clients should be done with a specialist in this area.

As our consultancy progresses, your needs and expectations may change and you may want to change the focus of consultation. Please advise me of this and we can discuss our activities/ consultation/ expectations at that time.

Consultee Information

Full name: _____

Relevant degree(s): _____

Registration type: _____

Preferred mailing address: _____

Mobile phone: _____

Email: _____

Dates of EMDRAA basic training and trainer's name:

Name of Work Setting: _____

Address of Work Setting: _____

Number of clients/ week: _____

General type of client population: (eg. adult/ child/ general presenting issues):

Goals for consultation:

1) _____

2) _____

3) _____

Signed Agreement (initial meeting)

Provide the EMDR case note template, to be completed for each case for each consultation

Provide Leeds Fidelity Checklist (to show consultee criteria for which they will be assessed).

Provide Accredited Practitioner or Consultant Form (whichever relevant – to show consultee criteria for which they will be assessed).

For consultant in training, provide / direct to resources on extra protocols/ readings for subject areas required to be known for accreditation

Fees

The fee for individual consultation is \$_____ /50 minute session, constituting a clinical hour. Payment is expected at time of consultation via cash, direct deposit or EFTPOS.

I have read and understand and agree to the above conditions and expectations.

Consultee Name
(Print)

Signature

Date

Consultant Name
(Print)

Signature

Date

Consultant name:

Consultant email address:

Consultant phone number: